

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -6 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L37738**

1. Corporation Name

COMMERCIAL BUSINESS SERVICES, INC.

2. Principal Office Address

6861 S.W. 196 AVE

Suite, Apt. #, etc.

SUITE 201-04

City & State

FT. LAUDERDALE, FL.

Zip

33322

Country

3. Mailing Office Address

6861 S.W. 196 AVE

Suite, Apt. #, etc.

SUITE 201-04

City & State

FT. LAUDERDALE, FL.

Zip

Country

200020965902
10/17/03--01005--007 **1200.00

1995-2003 Rev.

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/21/89

5. FEI Number

65-0170042

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$875 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

DONALO KAPLAN

Street Address (P.O. Box Number is Not Acceptable)

19825 N.W. 10th STREET

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33029

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

09/24/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	MICHAEL MOECKER	2233 OVERLOOK DRIVE	MT. DORA, FL. 32757
SEC.	DONALO KAPLAN	19825 N.W. 10 th STREET	PEMBROKE PINES, FL. 33029

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-252-1560

Daytime Phone #

CR2E081 (10/02)